

**Community Development Department, 531 "K" Street, Eureka, CA 95501, (707) 441-4160**

Please complete the information below and attach supplemental information as required. A site plan and supplemental information, and the applicable application fee as shown on the back of this application form must accompany all applications. If you have questions regarding this application form, the application process, or general planning questions, please do not hesitate to contact the Community Development Department at the address and phone number shown above. Office hours are Monday - Friday, 8 a.m. - noon and 1 p.m. - 5 p.m. *(Please note we are closed during the lunch hour).*

**APPLICANT/OWNER/AGENT**

**Applicant's Name\*:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner of Property - Name (if not applicant)\*:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*\* If there is more than one applicant or owner, please list all on an attached sheet*

**Agent's Name (if different than Applicant)\*\*:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*\*\*Questions/correspondence will be directed to the Agent*

**PROJECT LOCATION**

<sup>(1)</sup> Street/Site Address: \_\_\_\_\_ Assessor's Parcel Number(s): \_\_\_\_\_

<sup>(2)</sup> Street/Site Address: \_\_\_\_\_ Assessor's Parcel Number(s): \_\_\_\_\_

**PROJECT DESCRIPTION**

*(Please provide a project description, attach additional sheets as necessary):*

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**OWNER'S AUTHORIZATION**

I hereby authorize the City of Eureka to process this application, and I authorize the City of Eureka and the Department of Fish and Game to enter upon the property described herein as reasonably necessary to evaluate the project. I have completed, or reviewed this application and any "Supplement to Application" forms and know that the contents thereof are true and accurate to my own knowledge and I assume all responsibility for their accuracy.

<sup>(1)</sup> Property Owner's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>(2)</sup> Property Owner's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If more than one property or property owner is involved, please include owner's authorization for all additional properties*

**STAFF USE**

Assigned Case No.s: \_\_\_\_\_

Zone Designation: \_\_\_\_\_

Assigned Planner: \_\_\_\_\_

General Plan Designation: \_\_\_\_\_